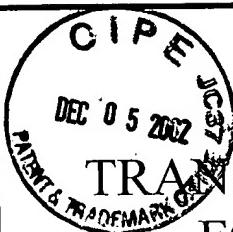


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**TRANSMITTAL  
FORM**

Application Serial Number	09/839,840
Filing Date	April 23, 2001
First Named Inventor	Culliss
Group Art Unit	2645
Examiner Name	A. Hoosain
Attorney Docket No.	SBC-002CP
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

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## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form  * <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)  <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Brief (in triplicate)
<input checked="" type="checkbox"/> Amendment/Response  * <input type="checkbox"/> Restriction Requirement <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input type="checkbox"/> Status Inquiry  <input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8  <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> CD(s) for large table or computer program	<input type="checkbox"/> Additional Enclosure (please identify below)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Amendment After Allowance	
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100	<p align="center">Respectfully submitted,</p> <p align="center"></p> <p align="center">John V. Bianco Attorney for Applicant(s) Testa, Hurwitz &amp; Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110</p>